Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02-13-2014	Address:	5635 S WILLIAMS ST -57
Incident #:	14ISPC001177		COLUMBIA CITY, IN
County:	NOBLE		46725
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Hydrochloric Acid Gas Generator(s): FIRE PIT			
☐ Flammable Solvents: SHED			
Water Reactive Metal (Lithium): <u>FIRE PIT</u>			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base: SHED			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
\boxtimes Yes $\underline{3}$ (n $\underline{\square}$ No	age 18 discovered (check appropriate) umber present) not present but evidence they reside	unclean Estimated les occurring: U	tions of home: \square clean \square disarray ngth of time manufacturing had been $\frac{NK}{N}$
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County NOBLE TWP FD Fax: E-MAILED Health Department County: NOBLE CO Fax: E-MAILED Department of Child Services Hotline: deshotlinereports@des.in.gov Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: ANDREW SMITH Phone 260-432-8661			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.